REPUBLIC OF THE PHILIPPINES-DEPARTMENT OF HEALTH
CORAZON LOCSIN MONTELIBANO MEMORIAL REGIONAL HOSPITAL
LACSON - BURGOS STS., BACOLOD CITY, NEGROS OCCIDENTAL 6100
TEL. NO. (034) 433 - 3199 [EMERGENCY DEPARTMENT]

EMERGENCY MEDICINE
DISCHARGE FORM

TO BE FILLED OUT BY NURSE-IN-CHARGE

PATIENT'S NAME			BIRTHDATE	AGE	SEX	HOSPITAL NUMBER
LAST NAME	FIRST NAME	MIDDLE NAME	MM-DD-YYYY			

SERVICE & WARD ENT

ATTENDING PHYSICIAN

DISCHARGE DIAGNOSIS

MEDICATIONS

DRUG NAME	PREPARATION	DOSE & TIMING: BREAKFAST Before	BREAKFAST After	LUNCH Before	LUNCH After	DINNER Before	DINNER After	BEDTIME	QTY.	DURATION

DISCHARGE PLANS

DIET	☐ FULL DIET ☐ SOFT DIET ☐ GENERAL LIQUIDS ☐ LOW SALT ☐ LOW FAT ☐ NO SIMPLE SUGARS ☐ OTHERS:
PHYSICAL ACTIVITY Precautions / Mobility / Exercise	☐ NO RESTRICTIONS ☐ WITH RESTRICTIONS ☐ OTHERS
HOME CARE Monitoring of vital signs & symptoms Wound care & dressing, Bath or showers	
OTHERS Things emphasized about what is/ are prohibited / What things to avoid	

DATE & TIME OF DISCHARGE	VITAL SIGNS UPON DISCHARGE	
	O2 Sat (Spot Check) RR CR BP TEMP. Stable	HEIGHT WEIGHT PAIN SCALE 0 2 4 6 8 10

FOLLOW UP INSTRUCTIONS

DIAGNOSTIC PROCEDURE/LABORATORY TESTS required prior to follow-up:

CLINIC	DATE & TIME
ENT OPD	

ORDERED BY:	EXPLAINED BY:
SIGNATURE OVER PRINTED NAME/DATE&TIME *RESIDENT-IN-CHARGE*	*SIGNATURE OVER PRINTED NAME/DATE&TIME* *NURSE-IN-CHARGE*

I understand all the information presented to me

Lic No. ________________
PTR: ________________

SIGNATURE OVER PRINTED NAME/DATE&TIME
☐PATIENT ☐ RELATIVE ☐ GUARDIAN

EM DISCHARGE FORM
CLMMRH-PAS.F.246
ISSUED:8/19/2014
ISSUE NO.: 001